File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Molnes, Iowa 50319

## Reset Form

## IA ETHICS AND

510 E. 12 <sup>th</sup> , Sie. 1A Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTIONS, S			<b>2009</b> JAN 22	AM 8: 46
COMMITTEE NAME (Must b	e same as on Statement of Organiza	tion)			
Vernedahl For Supervisor	Committee			DR-2 DISC	
(1)Statewide/Legislative/Judge	of committee you are reporting for. Standing for Retention Candidate (2)Str 5)County Candidate (6)City Candidate try PAC (9)City PAC (10)School Board	1.7 \School Board or Other Political	(R		ICSURE ORT
CANDIDATE COMMITTEES Candidate Name David Vermedahl	ONLY:	Political Party (if applicable) Republican	Sca	anned	
Office Sought Benton County Superviso	r .	District (if Senate or House)	Au	dited	
Melra Hen SIGNATURE OF PERSON FI		319-848-436 TELEPHONE		I-21-09 DATE SIGNED	
I AM FILING A January 19,	2009	REPORT FOR (1) ELECTION	-	LECTION YEAR.	
·	report date)	Indicate by	# 1		
CHECK IF AMENDMENT	TO REPORT DATED			nittees, enter Date of El	ection
Check if this is final (termin (You must continue	nation) report and attach Notice of Di to file reports until a DR-3 is filed.)	ssolution Form DR-3.	Novembe County & Le which Elect Benton	cal Committees, enter	County in
STATE	MENT OF CASH ON HAND	الماسية مستنبي إبريه والأشاف والمستند والمستند			# <del># 1888   # # 191</del> 111
CASH ON HAND at the begin	nning of the reporting period. (Total one of the cast period or must be zero if this is first or	of all funds held by the	\$	1,118.91	
	EY TAKEN IN THIS PERIOD	2+114 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		350.00	
	Contributions total (Attach Schedule				
	Received total (Attach Schedule F).			0.00	
	Sales of Campaign Property (Attach			0.00	
(Schedule	H applies to Candidates' Commit	ees Only) SUB-TOTAL	\$	1,468.91	
SUBTRACT TOTAL	L MONEY SPENT THIS PERIOD			5.040.00	
Schedule B: Exper	nditures total (Attach Schedule B) (**	also see debts and loans below)		1,248.29	
Schedule F: Loan	Repayments total (Attach Schedule F	<b>)</b>		0.00	
CASH ON HAND at the end	of this reporting period (if final report	balance must be zero)	\$	220.62	
**LINPAID BILLS (From Sch	edule D - Attach Schedule D)		Ş	0.00	
	(From Schedule E - Attach Schedule			0.00	
	From Schedule F - Attach Schedule I			2,000.00	
CONSULTANT BREAKDOV		* ************************************		YES V NO	
CANDIDATE COMMITTEES				0.00	
	OPERTY (From Schedule H - Attach	Schedule H)	\$	0.00	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form			
,	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (including candicate's personal funds)		<b>A</b> (Rev. 07/03)	MCN ETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  Vermedahl For Supervisor Committee			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CA IPA ON

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF	CONTRIBUTOR	RELATIONSHIP TO CANDIDATE" (ii applicable)	AMOUNT RECEIVED	FOR FUND- RAISER INCOME
10/27/2008	ID#   CK# <sub>758</sub>	Benton County Republicans 5460 26th Ave Vinton, lowa 52349			\$250.00	
10/29/2 <b>008</b>	CK# 12022	Phil or Linda Barkdoll 2275 58th St Vinton, Iowa 52349			\$100.00	
	ID# CK#			·		
	ID#					
	ID#					
	ID#					
	CK#					
	CK#		e constitution			
	CK#					
	ID#					
	CK#					1
	CK#			SUB-TOTAL		
			TOTAL (If last pag		\$ 350.00 \$ 350.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (block relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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FOR INSTRUCTIONS, SEE BACK OF FORM

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## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF INDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Vermedahl For Supervisor Committee

DATE EXPENDED (MW/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
0/19/08	ID# CK#1029	Cedar Valley Times Vinton, Iowa	Newspaper Ad	\$ 183.00
10/19/08	ID# CK#1030	MPC Newspapers Belle Plaine, Iowa	Newspaper Ad	360.00
10/27/08	ID# CK# 1031	Cedar River Ink Vinton, Iowa	Newspaper Ad	144,45
11/4/08	ID# CK# <sub>1032</sub>	John's Qwik Stop Vinton, Iowa	Candy for parades	36.64
11/4/08	ID# CK#1033	Vinton Eagle Vinton, Iowa	Newspaper Ad	90.00
11/13/08	ID# CK#1034	Kelly Geater Vinton, Iowa	Remibursement for Postage for mailings	278.85
12/8/08	ID# CK#1035	Cedar Valley Times Vinton, Iowa	Newspaper Ad	150.00
01/05/09	ID# CK# Debit Mem	Farmers Savings Bank Vinton, Iowa	Bank service charges	5.35
THE R. LEWIS CO., LANSING, MICH.	(a) -		SUB-TOTAL	\$ 1248.29
			TOTAL (if last page of this schedule)	\$ 1248.29

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail it arrized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lower Code 68A.402(3)(i).)

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R INSTRUCTIONS, SE MMITTEE NAME(Musermedahl For Superv	st be same as on Statement of Organization) visor Committee	RESET	SCHEDULE F (Rev. 02/08)	Loan Feceiv & Repa
	orts money loaned to the committee which is deposited in the c	ommittee account	CHECK TAMENDIN	
RT I - MONETARY LO	DANS RECEIVED <u>THIS REPORTING PERIOD</u> of loan, such as a bank, must be shown if a third pady is involved.	red. Include loans from candi	date's personal fi	unda.)
DATE RECEIVED (VM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	AMOUNT O	FLOAN
			\$	
	والمراجع والأراد والمراجع	 		
RT II - MONETARY L (Loens forgiver	OAN REPAYMENTS MADE THIS REPORTING FERIOD in must be reported on Schedule E In-kind Contributions.)	TOTAL (PART I)	\$ 0.00	
(Loens forgiver	n must be reported on Schedule E - In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT F	
(Loens forgiver	n must be reported on Schedule E - In-kind Contributions.)		AMOUNT F	ME MAKEN
(Loens forgiver	n must be reported on Schedule E - In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT F	REPAID
(Loens forgiver	n must be reported on Schedule E - In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT F	THE STATE OF THE S
(Loens forgiver	n must be reported on Schedule E - In-kind Contributions.)  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT F	EPAD
(Loens forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO	AMOUNT F	EPAID
(Loens forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable payments (PART II) COANS FORGIVEN	AMOUNT F	REPAID